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State of Missouri

Matt Blunt, Secretary of State

FOR OFFICIAL USE ONLY

Check #____ Amount: ____ Filer's Initials: _

Corporations Division P.O. Box 778 / 600 W. Main Street, Rm 322 Jefferson City, MO 65102

Registration of Fictitious Name

(Submit in duplicate with filing fee of \$7)

(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. (Chapter 417, RSMo)

The undersigned is doing	business under the following name	e, and at the following a	ddress:		
Business name to be registered:					
Business Address: (P.O. Box alone not acceptable) City, State and Zip Code:					
	business, and the percentage they ow are jointly and severally liable, perce			eate business nan	
Name of Owners, Individual or Business Entity	Street and Number	City and State	Zip Code	If listed, Percentage of ownership must equal 100%	
	ts stated above are true: ments made in this filing are subject to the per	nalties of a false declaration unc	ler Section 575.060	RSMo 1986.)	
Affirmation thereof, the fact the undersigned understands that false states					
e undersigned understands that false states		(Printed Name)		(Dat	
		(Printed Name) (Printed Name)		(Date	

Corp. 56 (8/02)